S1 Table. Summary of Included studies

| Author | Place in country | Setting | Design (Sample size) | Study population | Challenges reported | Proposed solution | Limitations | Study quality |
|-------------------------|--|-----------------------|---|--|--|--|--|------------------|
| Afolabi MO (2014) | | Rural | Clinical trial review (136) | Infants | Significant distance to vaccination services Difficulties with storage of vaccines (cold chain) | Development of cold-chain free vaccines for resource-constrained settings Development of "in-house" dry ice production for vaccine storage during transportation to the vaccination services | - | - |
| Angwenyi V (2014) | Kilifi | Urban and Rural | Qualitative (257) RCT (904) | Parents, field workers, health facility staff, community leaders for the qualitative part. Children: 5 - 17 months and 6 - 12 weeks old for the RCT | Inadequate community engagement/ Lack of information about the vaccine | embedding community engagement activities in existing structures and activities | - | Good |
| Bingham A (2012) | Chókwè and Massinga Districts | Rural | Qualitative (200) | Parents, caregivers, health providers, religious leaders, traditional healers, traditional birth attendants, and leaders of NGOs | Inadequate community engagement Fear of vaccine side effects Significant distance to vaccination services, long queues Poor quality of services at health facilities | Trusted sources for delivering health information Involving stakeholders in planning and implementation at all levels Translation of information into local languages Involving local leadership in the design of communication messages | Criterion-based sampling techniques to meet objectives, generalizability of results, social desirability bias. | Good |
| Febir LG (2013) | Kintampo North and South districts | Rural | Qualitative (159) Cross- sectional (466) | Community members, health professionals and key stakeholders | - | Patients already had good knowledge about vaccine | Interviews not conducted in English but local language Generalizability of results | Fair |

Continued...

S1 Table. Summary of Included studies (Continued...)

| Author | Place in country | Setting | Design (Sample size) | Study population | Challenges reported | Proposed solution | Limitations | Study quality |
|---------------------|--|-----------------------|--|---|---|---|--|------------------|
| Meñaca A (2014) | Ashanti and Upper East districts | Urban and Rural | Qualitative (286) | Parents, relevant community members, health administrators, health professionals, formal and informal leaders | Lack of information about the vaccine | Trusted sources for delivering health information Involving stakeholders in planning and implementation at all levels Translation of information into local languages Involving local leadership in the design of communication messages | - | Good |
| Mtenga S (2016) | 12 Districts of Tanzanian mainland | | Qualitative (21) Cross- sectional (2123) | Primary school teachers, religious leaders, community health workers, health care professionals, scientists, mothers of children | Inadequate community engagement/ Lack of information about the vaccine | Communication strategy to clarify the questions and expectations of stakeholders prior to or parallel with the introduction of the malaria vaccine. Considering and addressing of the sociocultural aspects (religion, ethnicity, occupation and region) that could impede the utilization of the vaccine. | - | Good |
| Ojakaa DI (2011) | South Coast and Busia | Urban and Rural | Qualitative | Parents, caregivers of children, teachers, the media, Community leaders, local administrators, local government officials, Health care personnel and administrators | Lack of information about the vaccine | Communication strategy to clarify the questions and expectations of stakeholders prior to or parallel with the introduction of the malaria vaccine. Considering and addressing of the sociocultural aspects (religion, ethnicity, occupation and region) that | Criterion-based sampling techniques to meet objectives, generalizability of results, social desirability bias. | Fair |
| Ojakaa DI (2014) | 8 Provinces | Urban and Rural | Cross- sectional | Caregiver of children | Level of education, regions with generally low vaccine acceptance, | Target specific segments of child caregivers with relevant messages (residents of regions with low acceptance, service providers in health facilities, older caregivers, less educated) | - | Fair |